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LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.

BY W. W. GERHARD, M. D.

LECTURE XIX.

Not only the sounds of the heart, but the rhythm or succession offer points of interest for diagnosis. It is very clear that as the sounds are, in a normal state, separated by well marked divisions of time, a disorder of the rhythm or succession can only arise from some material obstruction to the action of the heart, and the play of its valves, or from some decided functional disorder. The latter can produce only a moderate disturbance; such as irregularity in the relative rapidity of the pulsation, with occasional interruption of a single beat; or, at most, the heart may pulsate in an intermittent manner, a pulsation being from time to time absent, at intervals which recur with some regularity. The distinction between an irregular and an intermittent action of the heart is mainly the recurrence as to time of the latter symptom, and the variableness of the former. An intermittent pulsation of the heart is congenital or nearly so with many individuals, lasting through a long life without much disorder of the general health; but if we watch these individuals narrowly, we shall find that most of them at last suffer in some way from organic diseases of the heart. The temporary irregularity of the pulsation is much less important. Under many circumstances it is rather a favourable symptom, and occurs frequently at the termination of acute diseases, especially of those which have a definite duration, such as the exanthemata. There are other cases in which the irregularity is really a pathological symptom, but refers to another organ than the heart. This is the case with inflammations, or other diseases of the brain, which in many stages of their progress are attended with irregularity of the pulse. There is, however, another set of cases in which the irregular action of the heart is a sign of disease of the organ itself, and if it be connected with other and more decided indications of in-

flammation, or more permanent organic alterations, it has its value. But as in itself, irregularity is insignificant, the importance of the symptom in the study of heart disease is extremely slight.

There is another alteration of the rhythm very different from those just alluded to, and of much graver moment. In fact, it is almost confined to organic valvular disease, and mainly to concretions at the mitral valve: the proportion, as well as the peculiar character of the sounds, is then nearly destroyed, and we have a confused churning or purring sound, without any distinction of the first or second. So complete a destruction of the ordinary sounds of a healthy heart indicates the gravest lesions, and is generally connected both with dilatation of the cavities and disease of the valves.

The purring sensation (*fremissement ca-taire*) often felt as well as heard at the region of the heart, belongs almost as appropriately to this part of the subject as to any other. It is a sign of gravity, because the total change in both impulsion and sound which accompanies it can scarcely occur without both valvular and muscular disorder, and a free passage is opened for the blood, which is thus broken into many currents. The regular action of the heart is broken up, because there is no longer a uniform point of resistance, nor of repose; for the stream of blood is no longer cut off by the valves. The purring is quite characteristic of the sign, both as descriptive of the sensation of touch and of sound.

Another important sign of the diseases of the heart is derived from the mode of its contraction. Instead of the natural contraction, we may find it to be quick, jerking, and spasmodic, or it may be confused and indistinct. These are peculiarities very difficult to describe, and only to be appreciated by one who has been long practiced in the observation of the healthy heart. After a knowledge of the natural contraction is acquired, any deviation from it becomes very apparent. When the internal membrane of the heart is inflamed, the

contractions lose their sharpness and distinctness, and succeed each other in a confused, jerking manner: the sign is much the same in cases in which the valves are much diseased, especially when there is great dilatation of the auriculo-ventricular openings. Indeed any decided organic lesion of the heart modifies the natural action, and even functional disturbance of it to a certain extent produces the same effect, but in a less degree, and for a less period of time.

The next part of our subject leads us naturally to the study of the individual diseases of the heart.

ORIGINAL COMMUNICATIONS.

Case of Intra-Inguinal Hernia of unusual size, (brought before the Parisian Medical Society, March, 1841.)

BY DANIEL BRAINARD, M. D.

To the Editors of the Medical Examiner.

Dec 11th, 1836, saw Asa W. Pollard, æt. 30, of stout frame, labouring under the following symptoms. Great tenderness and pain on pressing the abdomen, costiveness, hiccough, retching, and restlessness; pulse 125. In the left inguinal region there was a tumefaction extending from the pubis above the anterior superior spine of the ileum. This had existed, according to the statement of the patient, from birth, and he had for many years been subject to attacks of "colic." The present attack originated suddenly on the 3d of December, since which time he had been treated for "inflammation of the bowels." The swelling in the groin was attributed to the testicle; that organ having never descended into the scrotum. On a careful examination at this period, the diagnosis was hernia, which, having long been irreducible, had at length become strangulated.

The operation, too long deferred to afford a favourable chance of success, was immediately performed. The skin, superficial fascia, and cellular tissue being successively divided by an incision extending from the external inguinal ring upwards and outwards two inches and a half, the aponeurosis of the external oblique muscle was exposed, tense,—and slightly elevated. Dividing this, and the herniary sac beneath it, the extent and situation of the hernia were fully exposed. The testicle, of a florid hue, was placed in the canal in such a manner as completely to close the external ring, while the loop of small intestine, of a dark brown colour, passed upwards and outwards, beneath the aponeurosis of the external oblique, an inch and a half above the spine of the ileum. The stricture was sought for, and

appeared to exist in the neck of the sac, and with the finger within it, could be freely moved about in different directions. This being divided, and the adherences of the protruded portions of intestine with the sac and with one another, separated, it was returned without difficulty within the abdomen. Enemas were administered, and some gas, with small portions of fecal matter discharged, but without relief to the patient. He died, on the 12th; twenty-four hours after the operation.

On examination after death, the protruded portion of intestine was found within the abdomen, of a dark colour, but entire; the calibre of the intestine above it was greatly increased; below, it was contracted, while at the point of stricture it was almost obliterated. The peritoneum covering the small intestines was red throughout, and covered with portions of coagulated lymph.

This variety has been classed with the "intra-inguinal," or "hernia within the canal." but the term intra parietal would be more appropriate. It is believed that the cases on record in which this variety of hernia has obtained considerable size without appearing externally, are not numerous. They are noticed in these terms by Boyer:

"This kind of hernia has only been known and clearly described of late, but it had been observed by several practitioners, and particularly by J. L. Petit, who has spoken of it as follows: 'I have seen some of them situated beneath the aponeurosis of the external oblique muscle; so that the parts having pushed the peritoneum beyond the transverse and internal oblique muscles, and, being unable to pass the external ring, were reflected between the aponeurosis and internal oblique, forming a broad flat tumour.'" (*Traité des Maladies Chirurgicales*, tome viii. p. 227.) Samuel Cooper (*Surgical Dictionary*) says, "the tumour is small, for if the protrusion increases, the parts escape through the lower opening of the canal."

Exceptions, however, are on record. Thus Mr. Lawrence dissected a case in a female where the aponeurosis of the external oblique was distended by a swelling equal in bulk to two fists, while another portion of the sac, as large as an egg, projected through the ring. Hesselbach's 8th plate also represents a hernia within the canal of considerable size in a female."

Chicago, Illinois, Nov. 4, 1841.

Ammonia as an Antidote for Belladonna.

To the Editors of the Medical Examiner.

GENTLEMEN,—A curious case recently occurred, in one of the wards of this Hospital, the result of which I disclose, as it may furnish a useful fact relative to the administration of large quantities of belladonna.

Elizabeth Dale, a coloured woman, æt. 31,

was admitted October the 3d, labouring under a slight catarrh. During the afternoon of her entrance, such medicines as her situation seemed to indicate, were ordered; but, from the negligence of her nurse, a prescription intended as an external application for another patient was administered to her; viz:

R Extract. Belladonnæ, ʒj.
Lin. Camphoræ comp., ʒvj. M.

Of this she took *one ounce*, containing *ten grains* of the extract, on the evening of the third; and, no unpleasant effects following, she passed a comfortable night. On awaking, she thought her cold much relieved, and, as directed by the nurse, swallowed an additional half ounce of the compound, or five grains of the extract. This had remained but a short time upon her stomach, when it was returned by laboured vomiting. After the lapse of half an hour, the dose being repeated, was again returned almost immediately. The emesis following the two last doses most probably resulted from the irritable condition of the stomach induced by the draught of the previous evening. Thus, taking it for granted that the extract and liniment were thoroughly combined, it is seen that *twenty grains* of this powerful narcotic poison were taken into the stomach, ten grains being retained for *twelve hours*, without the patient's experiencing any disagreeable symptoms. The next morning, however, when she was visited, some slight influence of the narcotic was discovered, though not sufficiently marked, of itself, to attract attention, had not inquiry been directed by a discovery of the mistake. There was some slight dryness of the fauces, but no effect upon the brain or pupil could be detected. Immediately on ascertaining what she had taken, copious draughts of warm mucilage were directed, though little could be expected from this precautionary measure, as narcotic poisons usually exert their influence very speedily.

Could the *ammonia* have acted as an antidote in this case? It may be suspected that the extract used was of inferior quality; but on being subsequently tested, it has proved itself amply efficient. From a variety of experiments, M. Runge asserts that the alkaline solutions render belladonna inert.

T. L. WALKER, M. D.

Blockley Hospital, Nov. 22, 1841.

BIBLIOGRAPHICAL NOTICE.

Introductory Lecture to the Course 1841-2, delivered in the Anatomical Theatre of the University of Pennsylvania, Thursday, November 4, 1841. By WILLIAM E. HORNER, M.D., Professor of Anatomy. (Published by the Class.)

We are happy to welcome the appearance of

the first of the series of Introductory Lecture at the University of Pennsylvania for the current season. Such productions are too frequently intended for mere temporary effect, and instead of being, as they ever should be, an expose of the progress of the sciences of which the courses are designed to treat, a statement of the peculiar views or intentions of the lecturers in treating of those sciences, or a collection of appropriate remarks on the conduct and purposes of those who constitute the audience, and whose future career in life may be rendered more prosperous and happy by the lights of experience—they are too commonly designed to win an additional dollar, or to enhance an ephemeral reputation at the expense of the pecuniary or intellectual interests of the hearers, for the personal benefit of the speaker. In other words, an Introductory Lecture—like a discourse before a modern Lyceum—is, commonly, a thing of mere effect. Those which we have had the good fortune to hear and comment upon at the various institutions connected with the Medical School of Philadelphia, during the present year, have been, for the most part, exceptions to the general rule. That of Dr. Horner is peculiarly so. It is “a round unvarnished tale,” principally designed as a defence of Special Anatomy—a branch in which this Professor stands unrivalled, at least on this side of the Atlantic.

Every prejudice of our heart is naturally enlisted in favour of our venerable Alma Mater, and our feelings—we frankly confess it—would lead us to view with favour any thing emanating from her bosom; but, having early adopted the motto “*Fiat justitia, ruat cælum*,” we acknowledge neither friendships nor enmities in science, and shall not hesitate to be quite as captious in criticism upon Dr. H. as if he were a Professor of some distant school. It is with such feelings of perfect independence that we extract and comment upon certain passages of his address, dwelling, as in professional duty bound, rather upon its defects than its excellences.

We make these remarks because it has been whispered that the change in the editorial department of this Journal was likely to give it an anti-university character. It will intentionally oppose nothing but error and advocate nothing but truth, regardless of the accidental source of the one or the other. If it fail in its

intention, its own folly will be its only apology.

Introductory are like the first lessons of the mother to the infant. The impressions which they make upon the youthful mind often endures for life; and they are therefore important and legitimate subjects of criticism; and in the execution of our duties as scientific critics, while our course in this, as on all other occasions, will be independent of all cliques and factions—all local interests—all cavil and querulousness—will prove any thing but non-committal.

Towards the commencement of the Lecture Dr. Horner remarks:

"General Anatomy is of comparatively modern origin, and has for its inventors, Haller, Bordeu and Bichat. It is especially under the influence of the latter that its traits have been more distinctly figured, and that it has assumed a first rate importance. To my talented and eloquent colleagues, the Professor of the Practice of Medicine, and the Professor of the Institutes, you will be indebted for a just appreciation of its value, and for the pointing out in extenso of its connexion with the laws of organic life, and their immediate dependence on it. General Anatomy is derived from the following facts: Every animal is an assemblage of many organs, each of which executes a particular function, and by a harmonious co-operation with others keeps the machine alive. A minute analysis of each of these organs proves that it is composed of many elementary textures, just as we find chemical substances made up by a combination of several gases, acids, alkalis and other matters. Moreover, it is ascertained that every organ of the body presents such textures in greater or less number, and in proportions exhibiting great varieties. In some organs certain textures only exist, in other organs other textures, but the individual textures, wherever placed, preserve their type of originality, and their character is therefore universally preserved, notwithstanding a varied association with other textures, according to the organ to be constructed.

"Thus constituted, each tissue or texture, and each organ, are possessed of their specific vital properties, in which they differ to a remarkable degree from other textures and from other organs, in the phenomena and in the intensity of their life. Cartilages, tendons, and bones have but very little life, but the muscles and the skin have it very copiously. Moreover, each tissue has its peculiar modification of vitality, on which repose secretion, exhalation, absorption, and nutrition. The blood is the common store-house from which each chooses what suits its nature, and rejects other matters."

We think that, in the passage just quoted, Professor Horner shares the error common to Bordeu, Bichat, and most general anatomists, in regarding the complication of tissues observable in the more complex animals after their organization has advanced beyond its first elementary stages in the fœtus, as constituting more absolute and fundamental specific distinctions between one tissue and another, than are found to exist in nature. It is certainly difficult to prove that "every animal is an assemblage of many organs," nor do we believe this to be the fact. An organ, in anatomical language, if we rightly comprehend the meaning of the term, is a portion of the living apparatus designed for the more perfect performance of some portion of series of vital functions. Now, in the porifera, the simple medusæ and the hydra, as well as in the germs of all the superior animals during the first moments of their existence, it is impossible to demonstrate the existence of any special organ. These living beings are all apparently composed of one single organ, and that organ is a cell or a congeries of cells; in other words—*cellular tissue*. Yet animals of this simple texture perform a function which is equivalent to the sum of all the vital functions, not excluding those which by a forced construction, authors have arranged under the head of the "animal functions," but which are just as peculiarly vital as are the most simple offices of vegetative life. They are capable of conveying to the consciousness the impression of external objects, and they act under the control of the will. They imbibe and assimilate—they secrete and transpire; and these four processes—probably the same in generic character—embrace all that is generically essential in all the vegetative functions, *so called*.

It is perhaps unfair to make peculiar views the basis of critical remarks on others, but these observations are necessary as exponents of our intended commentary of the proper mode in which the all-important and fundamental study of anatomy should be introduced to the student, and we must enter a protest against the comparison between the complexity of tissue observable in complex organs, and the combination of ingredients in a chemical admixture. In the former case, as Dr. H. pertinently remarks, all the tissues composing the organ, "wherever placed, preserve their type of origi-

nality." In the latter, all originality is lost. The tissue, if it deserves the name of a *species* at all, (which we seriously doubt,) preserves its specific character every where; while, on the contrary, the chemical ingredient, when in combination, loses all signs of its identity.

The whole tendency of modern transcendental anatomy urges us to the conclusion that the origin of all animated beings is an organized cell, containing an organized fluid, which cell and fluid are capable of constructing, by means of their vital reaction, all the peculiarities of each species, tribe, or race. The whole course of modern surgical pathology tends equally to the conclusion that, at all stages of animal existence, any organ may be reduced in part or in totality, to the embryonic condition of a simple cell or congeries of cells—organized, and containing an organized fluid—in other words, to the condition of simple cellular tissue. It is equally plain, from the history of morbid changes in fractures, ankylosis, ossifications of the arteries, the brain, the liver, &c., that any complex organ, after being thus reduced, in part, to the condition of simple cellular tissue, *may* regain its original structure by the operation of the same laws that originally produced their construction under the operation of the vital energies of that simple tissue, which is the fundamental seat of life in all the organs. For these reasons, we look upon the several tissues of the human body not as species, but as mere *varieties* of structure.

These views, which may be regarded as original by most, are faintly shadowed forth in the opinions of Haller on the elementary fibre, and have received important support from the recent explorations with the microscope in the hands of those who have not neglected the multitudinous errors into which that extremely delicate and somewhat treacherous instrument is prone to lead the observer. Haller was a generalizer, and, although the most industrious application of a long life to the prosecution of science did not enable him to foreclose the labours of his successors in the field of Physiology, his suggestions have been the foundation of most of the researches of his successors to the present time. They have directed the course of many successful investigators who probably have never been familiar with his works.

Bichat, on the contrary, was a specialist, notwithstanding the generality of many of his anatomical conclusions; and he was the father of those doctrines which have elevated mere varieties of tissue into distinct species of structure, to the no small injury of our favourite branches of study, surgical therapeutics, and general physiology. In the present state of the prevalent systems of medical instruction, it is to the philosophical naturalist, rather than the physician, that we are to look for that improvement in the knowledge of the fundamental principles of organo-genesis (if we may be permitted to coin a technicality) upon which, alone, it is possible to construct a stable theory of pathological anatomy.

It is perhaps, due to Dr. Horner to apologise for making a mere phrase in an introductory lecture the text of so much comment. We will return to the subject upon some future, and, it may be, more suitable occasion.

The following remarks on oral lectures and ocular demonstration are peculiarly pertinent, but call for a word of comment.

"There is no department of knowledge, let it be ever so ably treated of in books, which may not be learned with additional facility, by oral instruction from a competent teacher. The interest which a public speaker excites, always produces a more lively and pleasant attention, than any printed communication from him. But if this hold good in the most abstruse inquiries, much more valuable is the plan where an object is to be demonstrated. This opinion is so true in Anatomy, that the solitary student, with the most approved descriptions and plates, and with a subject at his command, will find it one of the most discouraging and perplexing studies that can be undertaken. Besides his want of skill in the merely mechanical separation of parts, he finds in every dissection, such a resemblance in the colour and shape of organs of different natures, that his mind becomes bewildered, and he feels an insurmountable difficulty in making a clear and satisfactory progress. These impediments to solitary study are not exaggerated; they are witnessed every year and universally confessed by such as have been exposed to them. Such being the case, there is no competent substitute for demonstrations from a teacher, and, especially, when his lessons are illustrated by the means for a full course of Anatomy."

While acknowledging, in their fullest extent, the importance of oral and ocular instruction in the peculiar branch which is cultivated by the lecturer, we cannot avoid a fear

that the first sentence of the above extract contains too sweeping an assertion.

The study and the lecture room are separate fields of action. Each is, when rightly employed, the theatre of a distinct series of observations. The dissecting room is the place where the most accurate and thorough knowledge of special anatomy is to be obtained, but the elementary student requires a certain amount of education before he is prepared to enter the dissecting room, without an unnecessary expenditure of time and money in the attempt to acquire information. Oral lectures and ocular demonstrations are unquestionable prerequisites. These are the advantages obtainable by pursuing our researches in large Capitals, where subjects are at all times obtainable at moderate expense; and, but for these, the study of special anatomy in the private office of the country practitioner, or within the walls of a college distant from cities, would be just as successful as in the halls of a university. But the case is different with many other branches of medical knowledge, and even with some of an anatomical character. When the student has acquired considerable acquaintance with the details of special or descriptive human anatomy, and wishes to enable himself to render that acquaintance available in physiological reasoning—without which it is, practically, almost useless—he must prosecute the subject of general anatomy; and here, he must resort to libraries and the study. There is no cabinet in America fitted to illustrate a thorough course of lectures on this branch. There is no memory in America that could carry from the lecture room more than a mere smattering and parrot-like idea of its principles. These require for their mastery the quiet of a secluded room, and deliberate reflection over the unchanging types, for the want of which no hasty notes can compensate. The lecture room, in studies of this character, is but the sign post to direct the course of the student on the proper road. The subject is not *taught* there—it is merely *indicated*. The same remark is true in relation to pathological anatomy. Surgical anatomy constitutes an exception. Like the branch in which Dr. Horner is so highly and deservedly distinguished, it is, in great degree, a matter of illustration with proper oral comment—a matter of history rather than de-

duction. Extending our view to only one other department of the multiform elements of medicine, it will be perceived by all who have outlived the early ambition that looked to two square feet of parchment as the *summum bonum*—a folly which we blush to acknowledge was once as strong with us as with our successors—that the materia medica, properly so called, which is a branch of descriptive natural history, may be as thoroughly taught in the private office, by the aid of suitable specimens, as it can be in any lecture room. It could be better, because more impressively taught in connexion with pharmacy, by the aid of books, in a proper druggist's establishment, under the jurisdiction of a competent medical teacher, than in either of the before named situations. Not so, therapeutics! This science requires the aid of oral lectures for the inculcation of principles, and the clinical ward for the reduction of those principles to the test of experience.

We have now said quite enough to enforce what is, perhaps, of little importance, our individual dissent from the proposition of the lecturer, that "there is no department of knowledge, let it be ever so ably treated of in books, which may not be learned with additional facility by oral instruction from a competent teacher." Less, we could not have said conscientiously. The great folly of the age is lecturing—in place and out of place—lecturing without any regard to the distinction between the proper subjects for solitary reflection, biblical research, ocular demonstration, and oral teaching. We have listened *for an hour*, to a complete analysis of "the genius of Shakspeare"—*for an hour*, to "the commercial history of lesser Asia!"—*for an hour*, to "the character of English poetry!"—*for an hour*, to "the age of Pericles!" We have remembered the *thesis* of an Edinburgh graduate, "De omnibus rebus et quibusdam aliis," and the *forty-eight lessons* in which the celebrated Mr. Hamilton communicated *a thorough knowledge of the French language!*

The Lyceums and popular Institutes now take the lead in this *labour saving* mode of instruction, but the medical profession has been long acquainted with the process—and this remark cannot be applied with justice to any one College or University. It cannot be

even charged as a vice, for it belongs to the era, and no existing combination of individuals could stem the current. One of the most distinguished scholars of the day has declared this to be "the age of expansion!" Truly, in some directions, it is the expansion of a bubble!

We have been led off by our feelings from the text of this article, but cannot fear any misapplication of the latter remarks to the able Professor of Anatomy, whose branch, above all others, befits the demonstrative lecture room, and who moves within that theatre with a degree of reputation and success which needs no praise from us. But it is time to proceed:—

"One of the most common deviations from that mode of teaching Anatomy which I have said enjoys my own preference, is the one called Surgical Anatomy, which has its origin in a conviction of the value of uniting the study of Surgery, in the same Lectures to the study of Anatomy. Nothing certainly can be more valuable than such an union when it is formed at a proper period, but in the early stages of one's progress, in a difficult pursuit, it ought not to be doubted, that the easiest way of familiarizing the mind to its objects, is to keep them clear of extraneous matters, and to present them in a state the least incumbered with other considerations. Elementary ideas are to be first instilled, their combinations are next to be formed, and lastly is to be studied that complicated intertexture of tissues and parts which the human machine so universally presents. Mr. Colles, of Dublin, a surgeon deservedly distinguished for his skill and for his valuable contributions to the science of medicine, is one of the most potent advocates for beginning with Surgical Anatomy, in our investigations of the structure of the human body. He gives in his work on Surgical Anatomy, the following account of the systematic plan as generally adopted. 'An attempt to explain the nature and structure of the animal machine, by dividing the several parts of which it is composed into distinct classes, and then giving a detached and unconnected description of each class, without ever considering them as component parts of one organized whole, is as preposterous and unavailing, as to attempt to explain the mechanism of a watch by taking it to pieces and giving a separate description of every wheel and spring, without afterwards attempting to show by what contrivance the one moves the other, or how each wheel contributes by its particular motion, to regulate the general movements of the whole.'

"I have selected the preceding passage because it comes from very excellent authority, and because it represents the sum and substance of the most plausible objections to the

usual systematic teaching of Anatomy. This passage is, however, itself a fair subject of animadversion, because it exhibits defectively, I will not say disingenuously, the case which it claims to represent. The phrase 'giving a detached and unconnected description of each class, without ever considering them as component parts of one organized whole,' presents an exceedingly fallacious view of this question, and is indeed an assertion very badly sustained by the facts themselves. Thus, I ask, what anatomist demonstrates a muscle without including its origin, its insertion, and its contiguity to other muscles? With blood-vessels and nerves we always point out the positive relations to other parts, and also their destination. The position of the heart in the thorax, and its contiguity to other parts, are invariably leading and prominent traits in its description. The liver, besides an immense deal of intrinsic anatomy, is rich in the considerations arising from its position and relations. I might in this way pass from organ to organ, and vindicate in succession the usage of the systematic Anatomist in regard to each, but this pursuit may be very properly suspended upon the analogies already presented. The insulated dissections of the muscles of the extremities, and of the trunk, appear to me to be the ground work of all the preceding objections; to the systematic Anatomist, however, the muscles are the frame, the foundation along with the bones, upon which he erects his superstructure and finishes his task in all its details."

In this extract, as it may appear, Dr. Horner gives, perhaps, a severe construction of the meaning of Mr. Colles. We see nothing like acting disingenuously, in the passage quoted; it bears rather the stamp of prejudice from undue enthusiasm. It is true that, judging by the uncertain test of memory, (for the question is not sufficiently important to warrant the expenditure of time in making direct reference to authority in a mere ephemeral review,) Mr. Colles generally estimates the claims of his favourite department at more than their full value; but when the special anatomist undertakes to illustrate his subject by dwelling upon the relation of any organ with its neighbours longer than is necessary to fix the true location of the part, he trenches upon the domain of surgical or general anatomy upon the one hand, or on that of physiology and pathology upon the other. That he should frequently do so, is proper, and indeed necessary, in order to enliven a branch which calls for an almost dead effort of memory. Whenever he can enforce a point by producing an associa-

tion in the mind of the pupil he should unquestionably do so. In the teaching of a subject intrinsically dry, the popularity of a lecturer depends mainly upon the tact with which he introduces such illustrations; but if he carries the custom a little too far, his course assumes a mixed character, losing all proper cohesion; and, although it may be brilliant, it can never be solidly useful. We have listened to lectures of this character in former years. Sometimes, however, the result is different, and the teacher deals with his own thoughts and those of others, much as the compiler deals with authorities when he depends upon his *scissors*; a sprinkling of conjunctions with a few unimportant phrases being alone required to give *unity* to the labours of thousands. Lecturers of this class are by no means rare. They spare themselves the labour of thought, are totally guiltless of originality, and, when most successful, it may be said of them that they spend a life in "stringing pearls with twine." Under all circumstances, it is impossible for the teacher of special anatomy to engross with his course the necessary instruction in surgical anatomy. The thorough treating of two such subjects contemporaneously by one man, is out of the question. If, then, a single individual be charged with both duties, it is only by the virtual duplication of his course that he can properly fulfil them.

But special anatomy is a fundamental and purely elementary study, without a correct knowledge of which, no branch of the healing art can be honestly and availably practised. surgical anatomy, on the contrary, is mainly useful in one only department of that art. It is not a purely elementary, but, to a certain extent, a transcendental branch.

When Mr. Colles attempts, as he unquestionably does,—gravely or unintentionally,—to underrate the importance of special anatomy, he undertakes to build a temple without the necessary foundation; and, were he to prosecute his idea, would inevitably bring the superstructure to the ground.

On the other side of the question, were the special anatomist to endeavour to fulfil the duties of the surgical anatomist, without dividing his labour between two distinct and, in great degree, independent courses, he would certainly fail in his purpose. Both modes of

teaching to which reference is made in the text, are necessary to render a system of medical instruction even tolerably perfect—but, of the two, that employed by the special anatomist is decidedly the more important; for it is impossible to make the student familiar with the relations of parts in different regions of the body, unless he be previously acquainted with the history of the particular organs, portions of which only come legitimately under the notice of the surgical Anatomist.

We extract, with great pleasure, the following condensed description of the origin and present condition of the Anatomical Museum, partly that the constant increase of the collection does honour to the industry and skill of Professor Horner; of whom, as well as of its distinguished founder, it will prove a lasting monument; and partly that it awards some portion of the praise due to the magnificent liberality and noble affection of a lady to whom science is deeply indebted, and of whom our city has just reason to be proud. Our greatest regret in relation to this museum arises from the want of such arrangements as would render it at all times accessible, not only to the students of the college, but to the profession and the scientific in general.

"Let us now pass from the consideration of the manner, to that of the sources and of the means from which your instruction is to be derived. One of the most prominent is the Anatomical Museum. Since the accession, in 1792, to the Chair of Anatomy by the celebrated Wistar, an unceasing object has been to improve and to enlarge this collection. At his death, in 1818, his amiable consort, bearing in mind the extreme interest which he had always felt for the advancement of his chair, and for augmenting the facilities of Anatomical instruction, became convinced that it was his intention to leave his cabinet to the University, and that the bequest would have been made had his sickness not passed through so rapid a course. Mrs. Wistar, therefore, determined to manifest her affection for the memory of her deceased husband, and the interest she felt in the scene of his labours, by purchasing at her own expense and presenting to the University his collection. This she did much to her own credit, and to the satisfaction of the friends of Dr. Wistar's reputation.

This collection consisted principally in a very fine series of dried preparations of the Sanguiferous and Lymphatic Systems, of Corrosions, and of Models in wood on a very magnified scale. The preparations of the Lymphatics are, for the most part, from the

school of the celebrated Mascagni, having been imported from Italy about 1812. The other articles were made in Philadelphia. In the year 1834, the Managers of the Pennsylvania Hospital, with a commendable liberality, gave to the University their Anatomical Cabinet, consisting in preparations; in Models in wax, made by Dr. Chovet; and in Plaster Casts and Crayon drawings, both of which were originally sent as a present from Dr. Fothergill, of London, in 1762, being brought by Doctor William Shippen, the first Professor of Anatomy, but then a young man, and about settling in Philadelphia.

With an extensive foundation thus laid in the liberality of Mrs. Wistar, and of the Pennsylvania Hospital, it has been my unceasing care to keep those articles in a state of good preservation, and to add to their number. The extensive accommodations of the present Medical Hall, erected upon the ruins of two others, and the amplitude of the room allotted to the Anatomical Museum, having afforded a strong incentive and a great opportunity for exertion, a numerous series of wet preparations, forming now the body of the Museum, has been made, and includes a very large number of the most interesting specimens of morbid anatomy and of minute structure."

On the concluding page of the lecture, after some notice of distinguished alumni now holding professional chairs in other cities, we find the following happily expressed and manly allusion to other rival teachers within our own limits.

"Even within a few minutes walk of where we are now assembled, there are gentlemen of justly merited and distinguished reputation, our friends and our former pupils, who, emulous of the renown attached to the institution from which an humble individual is now addressing you, have their aspirations excited to the same career of honour and of usefulness. Though on the field of competition, they are no doubt justly and liberally so, and remote may be the period when any sentiment or language may emanate from either side, which may offend the feeling of professional sensibility—set a pernicious example to younger members—or detract from the high dignity which medicine has attained in this city. Neither school, I believe, is prepared to do, or rather to attempt to accomplish, by vilification and reproach, what it despairs of accomplishing by hard work."

We will close this unusually protracted article with the remark that one of the most obvious defects of the system of medical teaching, in most of the schools, is the want of a primary course of lectures on the nature and relations of the different medical sciences, and on

the classes of organs constituting the human machine which forms the subject of those sciences;—a course which should be clothed in popular, instead of technical language, in order that it may be intelligible to the mere beginner. From such a course, the pupil would pass to the halls of our colleges with a power of comprehension usually acquired at the sacrifice of the chief advantages of the studies of the first winter. It is almost painful to witness, *as it was once to feel*, the effort of the tyro in endeavouring to follow the lecturer when informed that *this process* gives origin to the coraco-brachialis muscle, many weeks before he has formed his first idea of the nature of a muscle, or when told that *that foramen* gives passage to the "portio dura," months before he is taught properly to distinguish between a nerve and a tendon. But when we find him gravely listening to disquisitions on the nature and treatment of fever or inflammation before he has pushed his anatomical studies beyond the bones of the head, his chemical researches further than the laws of simple affinity, as displayed in binary compounds, and his knowledge of the materia medica as far the "*the middle of emetics*," the pain is tempered by the sense of the ludicrous, and it becomes dangerous in a grave assembly even to glance at the puzzled countenance of the intelligent and ambitious "first course student," striving to translate the unintelligible. Our system has alarming faults at both extremities. It neither commences systematically nor proceeds to the extent which the wants of elementary instruction demand. No man feels this truth more strongly, or acknowledges it more frankly than the learned and laborious Professor upon whose Introductory Lecture so many remarks have been *suspended*. But, by those who hold the power, these faults are considered as inseparably dependent on the unwillingness of the class to endure a longer period of study. In this we believe, and always have believed them to be mistaken; but—granting the truth of the position,—whence is that unwillingness derived?—assuredly from the neglect of the teachers in instructing the class as to their true interests. A proper course of lectures, such as we have named, would revolutionize any class in the country within three years. The times are ripe for advancement; and the

school that would now assume or preserve its pre-eminence, must advance with the age. Some tendency to this may be perceived in the movements of the last six years. It may be difficult to induce men to sacrifice some little immediate interest and labour for what may be regarded as doubtful in result, but if those whose advantages are already strongly concentrated, and in whom it would be desirable for the profession that still further advantages should be concentrated, refuse to run the risk of the experiment, there are others always at hand who will. If one city declines the test, another will assume that responsibility;—if one college refuses it, another will undertake it;—and if no one now existing will make the move, others will be created for the purpose. Even if all should be induced “to follow in the footsteps of their predecessors,” then individuals will take the helm, and in a few years the whole system of collegiate medical instruction will totter to its foundation.

We are no friends to *medical agrarianism*, however deeply attached to well-ordered *republicanism* in science; and should deeply deplore the further diffusion of the right to confer degrees—already far too widely extended—unless, by the action of the intelligence of the whole profession, a proper line of demarcation can be drawn between the diploma that is a certificate, and the diploma that merely *professes to be so*. It is surprising that these truths, rendered so plain by the events of the last few years, should still escape the attention of medical politicians; but the vision of the politician is too often bounded to the range of the next election day. But we have wandered far from the text of our discourse, into questions which will call for attention in another place. One word and we have done. The proper preface to the study of special anatomy is a condensed view of general anatomy and physiology, clothed in proper language. By such a view, a study usually as dry to the beginner as the definitions of signs at the commencement of a treatise on algebra on the old fashioned English model, may be rendered a delightful course of observation, in which, from the very commencement of osteology, every fact will be enlivened and impressed by many natural associations, without the necessity of “beginning” the study in the manner recom-

mended by Mr. Colles, and very justly censured by Dr. Horner.

R. C.

DOMESTIC.

HEALTH OF THE CITY.

INTERMENTS in the City and Liberties of Philadelphia, from the 6th to the 13th of November.

Diseases.	Adults.	Children.	Diseases.	Adults.	Children.
Abscess Lumbar,	1	0	Brought forward,	35	29
Apoplexy	1	0	Menorrhagia,	1	0
Croup,	0	4	Old age,	6	0
Congestion of brain,	0	2	Palsy,	1	0
Consumption of the lungs,	13	3	Scrofula,	0	2
Convulsions,	2	7	Small pox,	6	6
Diarrhœa,	0	1	Still-born,	0	6
Dropsy,	4	0	Spitting of blood,	1	0
— Abdominal,	1	0	Ulceration of throat,	0	1
— Head,	0	1	Varioloid,	0	1
— Breast,	1	1	Violence,	0	2
Disease of the heart,	1	0	Total,	97	50 47
Drowned,	1	0	Of the above, there were under 1 year,	28	
Dysentery,	2	0	From 1 to 2	3	
Debility	0	1	2 to 5	9	
Fever, congestive,	1	0	5 to 10	4	
— Bilious,	0	1	10 to 15	2	
— Nervous,	1	0	15 to 20	1	
— Typhoid,	1	0	20 to 30	14	
— Scarlet,	0	1	30 to 40	9	
Inflammation of Bronchi,	0	2	40 to 50	9	
— Lungs,	1	1	50 to 60	5	
— Heart,	1	0	60 to 70	6	
Ileus,	1	0	70 to 80	5	
Intemperance,	2	0	80 to 90	1	
Inanition,	0	1	90 to 100	1	
Marasmus,	0	3	Total,		97
— — —	—	—	Carried forward,	35	29

Of the above there were 10 from the almshouse, and 9 people of colour, which are included in the total amount.

Zabriskie on Paralysis from Visceral Disorders.

From this paper, we extract the following conclusions:

The pathology of paraplegia has been the subject of much argumentation. The paralysis of the lower extremities was formerly considered as depending upon a diseased state of the spinal cord or nerves; but, of late, many distinguished physiologists have contended

that it originated in some part of the brain. Baillie, Abercrombie, Cooke and others, contend for this position. There can be no doubt, however, at present, that paraplegia often arises from both causes—as dissection has discovered disease in some cases in the brain, in others in the spine. But as there are cases in which no morbid appearances have been discovered in the brain, spine, or in the nerves, we are led to look for the seat of the disease in some other part. There is a very marked distinction between the symptoms of paralysis as proceeding from a morbid state of the brain and from other causes. Dr. Baillie observes, that there is always more or less disturbance of the intellectual faculties; the memory is impaired, and the organs of the senses are deficient in power. Frequently the sight of one eye is lost; the tongue becomes feeble in its motion. Dr. Calmeil, who examined a great many cases of this kind, considers it a thing impossible that the reason should long remain untouched in general paralysis where the brain is profoundly affected.

An extremely interesting memoir upon this subject will be found in the *American Journal of Medical Sciences*, (Feb. 1835, p. 299,) by Dr. Waddel, of Tallahassee, who relates a case of paraplegia in which there was a complete paralysis of the lower half of the body, attended with symptoms of diseased bowels. Dissection showed the spine and its contents sound. The mucous membrane of the stomach and intestines was highly inflamed, and the intestines contained a yellow pus. The duodenum was perforated by an ulceration half an inch in diameter.

Dr. Waddel considers this disease as residing in the sympathetic nerve, its branches and ganglia. This memoir shows that he has carefully examined the subject, and his arguments are very ingenious. He supposes the nervous system of the intestines highly inflamed, and in consequence of its exalted state, the conducting capacity of the sympathetic nerve was so elevated by disease as to divert the nervous principle from its proper destination, and spend it upon the intestines. This argument, though ingenious, is unfortunately not based upon facts and post mortem examinations.

In the very case which acts as the foundation of Dr. Waddel's argument, he could find no trace of inflammation of the sympathetic nerve; none was observed in the case of Ann Masters, mentioned above; and in all the cases recorded by Mr. Abernethy and others that I have been able to find, there was observed no morbid state of the apparatus of the sympathetic nerve, while in every case there was found an inflammation or ulceration of the intestines. The very argument used by Dr. Waddel may be used against himself. For if it is fair to infer from the absence of all morbid appearances upon dissection in the brain, spinal cord

or nerves, of the absence of any disease in these organs, it is equally fair to infer from the absence of all morbid appearances in the apparatus of the sympathetic nerve, of the absence of all disease in these organs.

Lobstein, in his interesting and learned work upon the sympathetic nerve, has described many cases of inflammation of the ganglia and of organic diseases of this nervous system, but there is only one case in which these morbid changes were attended with paralysis, and in that case there was caries of the vertebræ.

It is therefore much more rational to consider the disease as enteritis, the paraplegia as symptomatic of the visceral inflammation, and the sympathetic nerve through its spinal branches the means of communication of this morbid action to the spinal apparatus. As the cerebral and spinal nerves are the nerves of voluntary motion, and the office of the sympathetic is visceral, being chiefly concerned in producing involuntary or organic motion, it is not rational to suppose that a morbid state of the sympathetic nerve would cause an entire suspension of all the functions of the spinal nerves.

Besides, in all these cases, the hollow muscles supplied by the branches of the intercostal nerve were not paralyzed, but only the muscles of voluntary motion which are supplied by the spinal nerves.

The reasons for believing this species of paralysis as sympathetic of enteritis, may be briefly summed up as follows:—

1. The inflammation always precedes the paralysis, and often for some time. This took place in Dr. Waddel's case, in all the cases of Mr. Abernethy, and in all the cases observed by myself, the diarrhœa preceded the paraplegia.

2. From the absence of all morbid appearances upon dissection, the nervous apparatus appearing sound.

3. From the inutility of all remedies applied to the spine, to the brain, or to the general nervous system.

4. The remedies which gave most relief were those which relieved the inflammatory symptoms.

The diagnosis of this form of paraplegia may be attended with difficulty. But it may be distinguished from cerebral paralysis by the absence of all symptoms of diseased brain. From the paralysis arising from a disease of the spine by the absence of the severe pain, and tenderness upon pressure in a diseased state of the vertebræ, by the existence of visceral inflammation, by the effect of remedies used for enteritis, and by the gradual manner of its approach.

The practice which I have found most successful, is that calculated to subdue the inflammatory symptoms.

Bleeding general and local to subdue the phlogosis, accompanied by evacuates, followed

by mercurials when these symptoms abate, to change the morbid secretions, and, by counter-irritation, to divert the inflammation. When the inflammatory symptoms have somewhat subsided, strychnine forms an excellent and valuable remedy in paraplegia. Having used this substance very extensively, I would observe that it is of most use in paralysis which is symptomatic of visceral irritation. The nuxvomica has been often used and highly recommended by European physicians in chronic dysentery and other diseases of the bowels, and therefore a part of the *modus operandi* of strychnine may be its effect upon the visceral disease; but it also certainly has an effect upon the nervous system independently of any remedial effect in enteritis. This is proved by its effect in cerebral and spinal paralysis. Its beneficial effects here, though not as manifest as in some other varieties, are in some cases very well marked, while in others no benefit can be perceived. In paralysis arising from the deleterious effects of lead, it is often a powerful remedy. In every case it should be given in small doses until its peculiar effects are produced upon the brain, when it should be discontinued for a short time until these effects have passed away, when it may be again administered if necessary.

The cases alluded to by the author are several in number, and in general followed dysentery. During the past summer an unusual number of such cases occurred to us, but there was little evidence of active inflammation; the patients were feeble, and more or less exhausted by the previous attacks, the paralysis occurring either at the termination of the dysentery, or nearly so. Blistering to the spine, frictions to the lower extremities, and, in some cases, cupping, were sufficient for a speedy cure.

FOREIGN.

On Hairs within the Eye. By Dr. STELLING, of Cassel.—A blacksmith, a healthy man 34 years old, had the end of a wire driven with considerable force through the cornea, and to the depth of half an inch into the interior of the right eye. Next day he had acute inflammation of the whole globe, and a high degree of fever, which were reduced by antiphlogistic remedies. Within a few days the wound in the cornea completely closed, so as to leave but a small cicatrix; the chambers, which had been completely evacuated, were again filled, but a partial capsular cataract had formed. The sight, which had been entirely lost, improved considerably, and though at first it was double, (apparently from the axis of vision being altered by an adhesion of the iris,) it soon again became single, and slowly increased in clearness.

About six weeks after the injury, the attendant surgeon first discerned in the posterior chamber some hairs of different lengths, of which the author gives the following account, from an examination made about four years after the accident: The left eye is perfectly healthy; in the right the iris is discoloured as if from a former attack of chronic inflammation. The pupil of the latter eye is irregular, and there is a partial capsular cataract. One hair commences a line below the horizontal diameter of the pupil, and extends in an almost vertical direction (forming a slight arch, like that of the inner eyelashes) to the outer edge of the iris, where it comes upon the cornea. It is about five lines long, and pointed at both ends; it is light yellow at its lower extremity, and dark brown at the upper. The second hair begins near the vertical diameter of the pupil, on the lower and inner part of the pupillary margin of the iris, and extends obliquely upwards and outwards to the distance of a line and a half beyond the outer margin of the pupil. It is three lines long, and is pointed at one and probably at both ends; it is of a dark brown colour. A third hair lies just below that last described, and seems to come from the same root; it extends in the same direction, has a pointed extremity, is about three lines long, and of a yellowish-white colour. The appearance of two other hairs proceeds from some small black points attached to the capsule of the lens, and probably resulting from particles of uvea affixed to it, and adhering with fine filaments of fib. in passing from it to the iris. The small cicatrix is still visible in the middle of the cornea, and is marked by a black point, which is probably the consequence of a small portion of uvea having been left in the wound when the wire was drawn out directly after the accident. The eyelashes and eyebrows are of the same colour as the hairs within the eye. The patient suffers no pain in the affected organ, and its sight is not more impaired than by the opacity of the capsule of the lens.

The author discusses the question whether these hairs were really produced within the eye, as they sometimes are from growths on the conjunctiva, or whether they were carried into it by the wire, and had subsequently become adherent. He adopts the latter view, grounding his opinion chiefly on these facts: that there was no appearance of a growth from which they could originate; that they did not proceed from the same point; that they exactly resembled the man's eyelashes; that they did not grow; and that such a circumstance as the production of hair within the eye is not only unheard of, but most improbable. [On the other hand, it is surely scarcely less improbable that a wire should carry eyelashes through the cornea and leave no cicatrix on the lid, and that these should become adherent, and yet not remarked by a careful observer daily examin-

ing the eye for nearly six weeks.]—*Brit. and For. Med. Rev., from Holscher's Annalen.*

On the Employment of Nitrate of Silver in White Swellings. By M. JOBERT, Surgeon to the Hospital St. Louis.—By a series of accurate and conclusive observations, M. Jobert has shown that the best and most prompt means of overcoming articular pains in cases of white swelling, and to make the turgescence of the tissues disappear, consists in the external employment of an ointment of nitrate of silver. We have watched on fifteen patients the action of this remedy, in the wards of M. Jobert, and have been astonished at the prompt effects in long-continued and previously rebellious diseases. The treatment consisted in frictions on the diseased articulation with an ointment composed of thirty parts of lard to four of nitrate of silver. If the action of this be insufficient, M. Jobert uses eight or twelve parts of the salt to thirty parts of lard. These ointments, designated by the numbers 1, 2, 3, constitute the whole of the treatment. Twelve or fifteen hours after the first employment of the ointment, and generally after the second friction, an eruption of small acuminate pustules appears, presenting a black point in their centre, and surrounded at their circumference by a small rosy areola. The liquid contained in the vesicle at first resembling thick milk, and rapidly assuming a yellowish-white appearance, afterwards becoming true pus. Each friction is accompanied by pains which last three or four hours. About the second or third day the skin becomes of a violet colour, and smarts acutely. The frictions must then be suspended, and not renewed until the parts are calmed. We do not enter into further details, as a full memoir on the subject is promised.

[It is very extraordinary that such accurate pathologists as the French should so generally continue to class as "*tumeurs blanches*" the very different diseases to which the joints are subject. We are thus left in doubt whether the above cases were scrofulous enlargement of the articular extremities of the bones, ulceration of cartilage, disease of synovial membrane, or of parts external to the joint.]—*Ibid., from Bul. Gén. de Thérapeutique.*

On the Contagiousness of the Pseudo-membranous Inflammation of the Mouth, Pharynx, Oesophagus, and Stomach. By Dr. KESSLER, of Samter.—On the 1st of December, 1840, a robust woman, twenty years old, after exposure to cold, was seized with the usual signs of this disease, which continued till the thirteenth day, when the false membranes began to be thrown off, and the whole condition of the patient improved. After some days more she completely recovered.

Up to the fifth day of her illness she was nursed and watched by one of her relations, a woman named F.; she, however, became ill,

and then a woman forty years old, and of rather a weak constitution, was attacked with the same disease, with a remarkable predominance of the nervous symptoms. The place of both these was then taken by an unmarried woman, S., twenty-seven years old, who had been reduced by a very laborious life, and she also fell ill with the same symptoms on the 9th of December.

At the same time another woman, G., who lived in the neighbourhood, and had often waited on the preceding, sickened with the same disease. In her it assumed many of the characters of typhus abdominalis, and she died on the 20th of December.

Another woman, twenty-eight years old, of a rather weak habit, and very excitable, now came to attend on F. and S., and waited on them. She became ill on the 15th of December with the same symptoms, and the disease in her took the same course as in them, the nervous symptoms being more than commonly predominant.

Her husband, a man fifty years old, who had drunk hard, and now attended steadily on his sick wife, fell ill with nearly the same symptoms on the 20th of December, and in him the disease deviated from its usual course into an attack of delirium tremens.

There were thus six cases of this membranous angina which in their mode of spreading evinced a contagious nature, or which, at least, seemed to spread only by contagion. The patients were of different ages and constitutions, occupied different positions, led different kinds of life, and, for the most part, inhabited different houses.—*Ibid., from Med. Zeitung.*

This adds another illustration of the contagiousness of this fortunately rather rare disease.

On the cure of Ozæna. By Dr. DETMOLD, of Hanover.—The author says he has never failed to cure ordinary ozæna (by which he means the chronic coryza accompanied by a stinking discharge from the nose and a flabby relaxed state of the Schneiderian membrane) by the use of an injection composed of one or two drachms of chloride of lime rubbed up in a glass mortar with thirteen ounces of decoction of rhatany root, and strained off after standing for half an hour. About half an ounce of this must be injected into the nose three or four times a day with a syringe whose point is sufficiently long to carry the fluid high up into the nasal passages. The use of the remedy should be accompanied by the occasional administration of purgatives. It is very beneficial also in cases of chronic otitis with offensive discharge from the ear.—*Ibid., from Holscher's Annalen, 1840. Bd. v. Hft. i.*

M. Ricord's New Urethro-plastic Operation, By M. HELOT.—F. J. M., a shoemaker, twen-

ty-six years old, came under the care of M. Ricord on the 16th of June, 1840. He said that when seven years old he took it into his head to tie up his penis with a thread, and after tying it tightly a little way in front of the scrotum, there followed on the next day a considerable swelling of the adjacent parts, in the midst of which the thread disappeared, cutting its way through the skin. To the swelling and division of the integuments, which cicatrized almost as fast as they were divided, there was added a retention of urine, which lasted, the patient says, fourteen days. At the end of this time the urethra was divided by the thread, and a large quantity of urine came away; after this severe symptoms ensued, which, however, in six weeks entirely disappeared, leaving only a kind of constricted cicatrix around the whole circumference of the penis, with the two opposite ends of the divided urethra exposed. The patient was also affected with phymosis.

From this time, says the report, the patient's infirmity has scarcely troubled him. The emission of urine takes place in him as in those affected with hypospadias; during erections, which are complete, the penis remains perfectly straight, though the glans does not seem to participate in the erection so much as it should. Neither is this portion of the organ the seat of any of the sensations which are peculiar to it in its perfect state,

On the 1st of January this man was attacked by gonorrhœa eight days after connexion. The disease commenced in the posterior portion of the urethra, and it was not till four days afterwards that (the two orifices being in contact) the anterior part of the canal was affected. Then the discharge went on at once through the posterior aperture and both the anterior ones. When the patient came into the hospital the discharge was abundant and very purulent; the posterior or vesical portion of the urethra was the seat of pain in the passage of the urine; the other part was only a little painful on pressure.

The acute symptoms having yielded to reducing treatment, a daily dose of twenty-four grains of powdered cubebs were ordered. After a few days the discharge had considerably diminished in the posterior part of the urethra, but in the anterior it was unaffected; after six days' use of the cubebs it had entirely ceased in the former situation, but in the latter it still continued.

During this time the two portions of the urethra had been carefully kept from contact; but on now permitting them to come together the posterior part which had been cured was again infected by the anterior, and had again to be treated by cubebs. The anterior part was at the same time treated and cured by injections of nitrate of silver.

After this it was proposed to endeavour to cure the organic defect of his urethra by a plan

somewhat similar to that which M. Segalas had once successfully employed. The patient was (on the 3d of November) placed as for lithotomy. A large catheter having been introduced by the opening of the posterior part of the canal into the bladder, an incision, commencing immediately behind the situation of the bulb, was made in the middle line of the perineum and into the membranous portion of the urethra, through which, with some difficulty, a female catheter was then passed into the bladder. This being fixed, M. Ricord next operated for the phymosis, that he might have more yielding integuments behind the glans; and then having revived the edges of the apertures in the urethra he brought them together (after all bleeding had ceased) and fixed them by sutures. A bougie had, before drawing the sutures, been passed through the two parts of the urethra down to the catheter in the membranous portion.

After the operation the patient was kept very quietly, with his lower limbs somewhat raised, and in the evening he was bled. Next day the urine had flowed freely through the catheter in the perineum; the wound was wet with urine, and its edges were swollen; on the third day the sutures came out; there was no union, and the urine escaped by the fistulous opening as it did before the operation. The edges of the fistula, however, preserved a transverse direction, and such a thickness as to lead one to hope that fresh trials at union might be more successful. On the 15th of November a considerable abscess which had formed in the perineum was opened at the scrotum, and discharged for some time pus and urine; but after it had healed fresh attempts were made to induce all the urine to pass through the opening purposely made in the perineum by introducing into it each day a larger catheter. This method was at last successful, and on the 19th of January a new union of the aperture was made by twisted sutures over a bougie introduced to a shorter distance beyond the aperture than the first had been. Three days after this operation the two external pins were removed, and the union of the parts near them was found complete. Next day the two others were removed, and there remained but a very small aperture through which a little urine and pus flowed. This was touched with nitrate of silver, and in a week (on the 1st of February) it had closed; another then appeared, which remained for some time, but was also ultimately closed.

On the 12th of February, three months and some days after the first operation, the perineal catheter was withdrawn, and a small one introduced through the whole urethra. Through this latter the urine now all passed, and the wound in the perineum rapidly healed. At the time of the report the patient was perfectly well; the penis had regained its form and dis-

charged all its functions normally.—*Ibid.*, from *Annales de la Chirurgie*. Mai, 1841.

Application of the Subcutaneous Method to the Operation for Strangulated Hernia. By M. JULES GUERIN.—In this case the hernia was a congenital epiplocele which had been strangulated for three days. The usual means of reduction had been applied, and the tumour had become hard, engorged, and the seat of commencing inflammatory action. After division of the two rings and of the antero-superior wall of the inguinal canal, the reduction was immediately effected. The wound did not inflame, nor did the slightest febrile symptom follow. The patient was able to rise on the eighth day, taking care to wear a bandage.—*Ibid.*, from *Gaz. Med. de Paris*.

On softened, encysted Tubercles in the substance of the Uterus, as a cause of difficult Labour. By Professor OSIANDER, of Göttingen.—The case here recorded differs from almost all others in which labour has been impeded by the pressure of tumours. Parturition was not impeded merely by their mechanical action, nor was the pelvic cavity contracted by their presence. They produced an injurious effect by paralyzing the action of the uterus and preventing the expansion of its fibres. The obstruction to labour thus caused was quite as great as if the pelvis had been contracted, and delivery could be effected only by mutilating the child and employing the blunt hook.

The patient was a woman, forty-five years old, who had suffered from scrofula in her infancy. She was a person of unhealthy aspect, had already miscarried twice, but had never given birth to a living child. When seen by Professor Osiander, she had been twenty-four hours, in labour, her strength was much exhausted, and she was very low spirited. The head of the child was felt to be very high up in the pelvis, and the membranes were still entire, though the os uteri was freely dilated.

After waiting for some hours, during part of which time the uterine action had been energetic, the head came somewhat lower down, and Professor Osiander ruptured the membranes. The head, however, remained above the brim of the pelvis, where it presented in the oblique diameter with the posterior fontanelle directed towards the right sacro-iliac synchondrosis. An attempt to bring down the head with the forceps was unsuccessful, and it was next sought to deliver the patient by turning. The hand of the operator could touch the ribs, but it was found impossible to reach the feet, for a sort of stricture in the middle of the uterus rendered all attempts to carry the hand as far as the abdomen, unavailing. Changing the position of the patient and placing her on her knees did not diminish the difficulties, for the contraction seemed to occupy alike all the

walls of the uterus, and neither the right nor left hand could penetrate beyond it.

A second unsuccessful effort was made to deliver with the forceps; and then, after waiting for half an hour, Professor Osiander proceeded to perform craniotomy, and to extract the child by means of the blunt hook. This was not effected without great difficulty. It was necessary to introduce the hand, in order to remove the placenta, which was not adherent, but merely retained by an irregular contraction of the uterus. No serious hæmorrhage followed delivery, but the uterus never contracted properly, and the abdomen continued much distended. The patient lay in a listless condition, making no complaint of pain, but with a quick pulse and tumid abdomen which were thought to indicate the propriety of venesection. No relief followed its employment, the patient was soon afterwards attacked with vomiting, and died on the third day after delivery.

On a post-mortem examination, no traces of peritonitis were found; but the whole right side of the abdomen was occupied by the enormously large uterus. The substance of that organ was nearly three fingers thick, beset with hard swellings like eggs, of a somewhat oval form, and filled with a yellow caseiform matter resembling pus, the liquid parts of which had been absorbed. These large tubercles, about nine or ten in number, were invested with a fibrous envelope. They projected on the posterior and external surface of the uterus, so as to render it uneven. Many smaller bodies of the bigness of cherries were imbedded in the uterine parenchyma, and on a section being made of them were seen to be made up of concentric fibres; thus resembling in structure the ordinary fleshy tubercles of the uterus. With the exception of partial ossification of the left ovary, the above was the only morbid appearance of moment, and to this state of the uterus the difficulty experienced in introducing the hand must be exclusively attributed.—*Ibid.*, from *Hannoversche Annalen*. v. Band. 15tes Heft.

On the Oxidation of Gelatine. By M. PERSOZ.—M. Persoz has determined that when gelatine is submitted to an oxidizing agent, it is susceptible of being transformed into hydrocyanic acid, ammonia, and carbonic acid, and a small quantity of one of the fat volatile and odoriferous acids, the existence of which was established by M. Chevreul. M. Persoz remarks that this fact leads to analytical researches to discover whether, among the products of normal or abnormal cutaneous secretions, we cannot discover ammonia, hydrocyanic acid, or some one of its derivatives, as those composed of cyanogen and formic acid. He thinks that in certain cases of suppuration, hydrocyanic acid may be formed, and states that M. Nonat has seen bandages and charpie

tinted greenish-blue after having been for a long time in contact with the purulent matter of an abscess. This colouring may be attributed to Prussian-blue; but to verify and explain the fact, it will be necessary to observe the effect the pus of different wounds produces on pieces of linen impregnated with a salt of iron.—*Ibid.*, from *Gaz. Med. de Paris*.

We have seen, in one case of chancres of very long standing in a broken constitution, a very intense blue tint given to all the dressings. The greenish-blue colour alluded to in the above article, is not of extremely rare occurrence in various forms of ulceration. It is occasionally seen in chronic ulcerations of the leg; but, in drawing inferences from such appearances, care should be observed to avoid the possibility of deception from the action of agents employed in the treatment of the sore, or in the preparation of the dressings.

In the venereal case just mentioned, nothing foreign to the suppuration was present locally during the time of treatment, except unbleached domestic muslin, the ordinary new patent lint, simple cerate, the basilicon ointment, and, occasionally, the lunar and the vegetable caustics. The latter was twice applied, but the blue tint—greenish at the edges of the spots—was not an occasional, but a constant feature of the case. This individual was twice bled during the treatment, and on both occasions the serum presented a milky hue, much deeper than that observed in the rice-water discharges of Asiatic cholera. The case occurred in the Pennsylvania Hospital, in 1821. The patient recovered. As the appearance may prove a diagnostic sign, we have thought it right to add this note.

R. C.

Intussusception and Separation of a part of the Ileum. By Dr. FORCKE, of Goslar.—A mechanic, forty-nine years old, had been in the campaigns of 1812–13–15, and from that time had very often suffered from colic, and other signs of abdominal disorder. In March, 1838, when first seen, he had not left his bed for five months; he was excessively emaciated, pale, and broken down by irritative fever; during all this time, also, he had suffered from costiveness, gripes, and vomiting. On examining the abdomen, a large, long, hard, and sensitive tumour was felt on the right side, which occupied the usual position of the cæcum and ascending colon. Various anti-spasmodic means produced but little effect on the symptoms from which he suffered. The only ease he received was derived from his bowels being opened, and from the use of enemata contain-

ing opium. The pains in the tumour and in the abdomen rising to a fearful height, the patient was ordered calomel and opium, and emollient poultices over the whole abdomen. These diminished the pain, and produced free evacuations, rest, and sleep; but the tumour remained unaltered. On the 7th of April, a severe hæmorrhage from the intestines occurred, and was followed by the discharge of pus, which, however, ceased when the patient took large quantities of lime water.

On the 28th of April, the patient had an enormous discharge from the intestines, which made him feel as if something had been torn out of his abdomen, and induced him to examine the evacuation. He found therein, in the midst of fæces and blood, a portion of ileum which measured two feet nine inches and a half along its convex border; it was dark and livid, but had a firm texture, and was still connected with a portion of mesentery. Its discharge was followed by a slight hæmorrhage and a considerable secretion of pus, which, however, again ceased after using lime-water. The patient was almost speechless with exhaustion, but the pain and the tumour had nearly disappeared. Tonics were administered, the fever diminished, and the strength rapidly increased. In the following October, he had regained all his former strength, and was hale and hearty, except that, on severe bodily exertion, the sensation of tension around the umbilicus, and of dragging of the stomach, would still return.—*Ib.*, from *Hannoversche Annalen*.

On the Presence of several Cysticerci in a Tumour having the appearance of a Boil. By Dr. FOURNIER, of Craon.—A child, six years old, had a tumour of the size of a hen's egg on the superior and lateral part of the neck, which had only appeared four days. It was red, hot, painful, of a conical form, and circumscribed. On examining it with care, there appeared a small hole towards the base, in the middle of which a small white point was prominent, which had an almost imperceptible motion. A very limpid aqueous fluid flowed on pressure, and a particular but feeble sensation of *fremissement* was perceived. A species of clash (collision,) was distinguished by the ear; and the tumour, though red, hot, and painful, was soft and fluctuating, so that the presence of hydatids was diagnosed. One of these worms was pressed out, and seven or eight more were removed by a small incision. They were afterwards recognized as cysticerci, having a very small roundish head, supported by a contracted neck. The body was formed of imbricated rings, perfectly visible to the naked eye; it was terminated by a small swelling, a kind of vesicle containing matter apparently albuminous. All performed some undulatory motions. The cure was complete on the seventh day.—*Ib.*, from *Jour. des Conn. Med. Chirurg.*